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AUTHOR Ysseldyke, James E.; And Others
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ABSTRACT

Attributions for students described in case studies as exhibiting immature, unmanageable, or perceptually-delayed behaviors in the classroom were provided by 174 regular education elementary school teachers. The teachers' attributions for the students' difficulties were primarily "other-directed"; student or home factors were most often ascribed for the students' behavior. Teaching related factors were perceived as least responsible. Verbatim responses reflecting the teachers' attributions are included. Findings suggest the possibility that such attributions absolve the teacher of responsibility of succeeding with behavior problem students. (Author/CL)

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Research Report No. 131

CLASSROOM TEACHERS' ATTRIBUTIONS FOR STUDENTS EXHIBITING DIFFERENT BEHAVIORS

James E. Ysseldyke, Sandra Christenson, Bob Algozzine,
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Institute for Research on Learning Disabilities

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Director: James E. Ysseldyke

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James E. Ysseldyke, Sandra Christenson, Bob Algozzine,
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Institute for Research on Learning Disabilities
University of Minnesota

July, 1983

Abstract

Attributions for students described in case studies as exhibiting immature, unmanageable, or perceptually-delayed behaviors in the classroom were provided by 174 regular education teachers. The teachers' attributions for the students' difficulties were primarily "other-directed"; student or home factors were most often ascribed for the students' behavior. Verbatim responses reflecting the teachers' attributions are included. The potential effect of the teachers' attributional pattern on teaching effectiveness and future research needs are discussed.

Classroom Teachers' Attributions for Students Exhibiting Different Behaviors

What do teachers think is causing students' difficulties in mainstream classrooms? A survey of elementary classroom teachers' beliefs about why children do poorly in school (National Education Association, 1979) indicated that 81% of the teachers attributed academic and behavioral difficulties to factors related to the child's home environment, 14% to "intra-child" characteristics, 4% to the school system, and only 1% to inappropriate instruction or teacher causes. Respondents to this survey thought elementary teachers were providing a good education and that student difficulties resulted from either home and family problems or from traits, characteristics, and disabilities within individual students.

In an investigation of teachers' attributions for students referred for special education services, Medway (1979) asked teachers to indicate the primary cause for the referral. The ability of the student, an intra-child characteristic, was cited as the major cause for students referred for learning problems, whereas home problems were believed to be the major cause of problems experienced by students referred for behavioral difficulties. The teachers also were asked to indicate the importance of 11 causes using a 1-3 (very important to not important) scale. Mean ratings indicated that intra-child causes were perceived as most responsible for the referral; home environment factors were moderately responsible, and teaching-related factors were perceived as least responsible.

In a survey of classroom teachers' attributions for problems that result in the student being referred for a psychoeducational

evaluation (Christenson, Ysseldyke, Wang, & Algozzine, 1983), student and home causes comprised 97.3% of teachers' attributions for the referred student's difficulties. Intra-child causes (61.7%) were most frequent, followed by home or family causes (35.6%). Less than 3% of the teachers' attributions were considered to be teacher or school related. Therefore, the role of the educational environment as a contributor to the student's learning or behavioral difficulties was viewed as minimal by these 105 classroom teachers.

Both teachers' and parents' attributions for students' performance (Beckman, 1976; Chapman & Boersma, 1979; Guttmann, 1982) as well as students' self attributions for their success or failure in school settings (Curtis & Schildhaus, 1980; Frieze & Snyder, 1980; Guttmann, 1982; Nicholls, 1979) have been studied. The teachers' attributional pattern identifed by these studies was similar. Generally, teachers tend to be "other directed," blaming the child or the home. Most often they seem to blame the misbehaving or academic-delayed child, followed by blaming parental influence (e.g., parental expectations, home stability). Teachers tend to minimize the importance of causes associated with the classroom, either the setting, interaction with classmates, or themselves.

While attributions have been studied for students demonstrating academic delays and behavior problems, and students referred for psychoeducational evaluations, teachers' attributions for students exhibiting different characteristics yet functioning within the "average" range have received little attention in the literature. This investigation was conducted for the purpose of describing (a)

causes that teachers ascribe for students exhibiting different behaviors in classrooms, and (b) whether teachers' attributions differed for different student behaviors. A detailed description of teachers' attributional comments also was of interest.

Method

Subjects

Participants were 174 elementary school teachers who volunteered after being selected randomly from a computerized representative national listing (purchased from Market Data Retrieval) of regular classroom teachers. Approximately 90% of the original sample (n=189) completed the entire project. Eighty-six percent of the sample was female and 65% were between the ages of 26 and 44. Most (92%) of the teachers taught in public schools; the distribution of participants from various types of communities (e.g., suburban, urban, rural) and grade levels (1-7) was relatively even. Teachers from each state, with the exception of Alaska, were represented. Two-thirds of the subjects had completed bachelor's or master's degrees and 40% had completed coursework in special education. A summary of the demographic data obtained from the participating teachers is presented in Table 1.

Insert Table 1 about here

Materials

Two data collection instruments were used in the study. A survey entitled Actions To Be Taken (see Appendix A), and a form for

collecting demographic information were included in the materials sent to each subject. The participants also were sent a two-page, single-spaced summary describing a student's behavior.

The student summaries were written to reflect the dimensions included in the Disturbing Behavior Checklist II (Algozzine, 1979); descriptions of a third-grade boy demonstrating socially immature behaviors, perceptual difficulties, or unmanageable behaviors were prepared. Each student summary was consistent in format and included six sections: medical, developmental, family, school history, test information, and third grade classroom observations. The actual information included in each section of the summaries was the same for each child except for the description of the student's behavior. All test scores were within normal limits; family and school information was considered typical, and medical/developmental data were reflective of an "average child." Three different descriptions of the student's behavior were integrated into the student summaries to form three cases (see Appendix B). In one case, an immature child was described; behavioral descriptions such as poorer social interaction skills, insecurity, and limited expressive abilities were included. Poor visual discrimination, some confusion with directionality and reversals, and sloppy school work were used to describe a child with perceptual difficulties; rude, defiant, lack of motivation, and hyperactive were used to describe the unmanageable student.

In addition to asking teachers what actions they would take with the case study child, the Actions to be Taken survey included items in the following areas: extent of learning or behavior problems,

eligibility for special education services, predictions of school performance, attributions for behavior, and recommended placements. The attributions teachers ascribed for the students' behavior was of interest in this study. Teachers responded in a free-response format to the question, "What do you think is causing his difficulties?" Teachers' responses to other parts of the survey are described in other reports (cf. Algozzine, Ysseldyke, & Christenson, in press; Algozzine, Ysseldyke, Christenson, & Thurlow, in press).

Procedure

A letter explaining the study was sent to 300 teachers randomly selected from the list purchased from Market Data Retrieval; potential subjects were offered payment for their research participation. From this initial mailing, 121 teachers agreed to participate. A second mailing of 150 letters to randomly selected names from the Market Data Retrieval list resulted in an additional 68 subjects willing to participate. The total number of teachers initially willing to participate was 189.

Each teacher agreeing to participate was assigned one of the three student summaries. The teachers were assigned a specific student summary (i.e., immature, unmanageable, perceptual) according to the order of receipt of their signatures agreeing to participate in the study. The materials were sent in two separate mailings. The first set of materials included the student summary and the Actions To Be Taken survey. Upon receiving the first set of completed materials from the teacher, the second set, which included the demographic information form and a contract for payment was mailed. When all completed materials were returned, the participant was paid.

A two-week time limit was suggested for completing each set of materials; both a follow-up letter and postcard were used to encourage the subjects to return completed materials. The final sample included approximately equivalent numbers of teachers who received and evaluated the immature (N=57), unmanageable (N=59), and perceptual (N=58) students.

Data Analysis

Because of the free-response format, a teacher could list more than one cause. Each attribution provided by teachers was coded independently by two psychometric assistants into one of five predetermined categories: student, home, teacher, school system, and label. The inter-rater reliability on a subsample of 30 surveys (10 for each type of case summary) was .96 for the attribution question.

Data analysis involved descriptive statistics (i.e., frequency of occurrence and percentages). In addition, teachers' written comments about attributions were treated in a descriptive fashion. Verbatim examples representative of school, home, and teacher factors are included.

Results

Total Attributions

Teachers usually reported one or two causes for the students' behavior. The mean number of causes for each type of student behavior was very similar: the mean number of causes for students described as immature was 1.8 causes; for students described as unmanageable or perceptually delayed, 1.5 causes were reported for each. Independence of observations is a necessary assumption for using the chi-square

statistic. Because multiple causes occurred for each case summary, the use of this statistic to assess the significance of differences in causal attributions for the three kinds of student behavior was not possible.

The percentages of teachers' attributions for students exhibiting immature behavior, unmanageable behavior, or behavior reflecting perceptual difficulties in the classroom are presented in Table 2. For each type of student, intra-child characteristics (i.e., student + label categories) occurred most frequently. Home-related causes occurred second most frequently for students exhibiting immature or unmanageable behavior. For students displaying some perceptual difficulties or delays, the percentage of teachers not indicating a cause (or indicating the cause was unknown) was similar to the percentage indicating home causes. Regardless of the type of student behavior described, teachers indicated that educational factors (i.e., teacher and school system causes) were minimal. The percentages for either of these factors was 3% or below for the three types of student behavior.

Insert Table 2 about here

Total Students

The percentages of students for whom various attributions were ascribed is summarized in Table 3. Teachers did not indicate a cause (or indicated the cause was unknown) for 9% of the total student sample (N=174); therefore, most teachers believed they knew the cause of the students' classroom difficulties.

Insert Table 3 about here

Regardless of the type of student behavior, over 85% of the students' difficulties were attributed to intra-child characteristics (i.e., student + label categories). Home-related causes were attributed to approximately one-fifth of the students demonstrating unmanageable or immature behaviors. Very few of the students' difficulties were ascribed to educational factors. Teacher or school system factors were ascribed for only five of the students demonstrating immature behavior (9%), three of the students demonstrating unmanageable behavior (5%), and two of the students described as having perceptual difficulties (3%).

Analysis of the number and percentage of students receiving student, label, and home attributions for the three types of student behaviors revealed an interesting trend. Teachers seemed to attribute students' difficulties more to a label and less to home influences when the student demonstrates some perceptual disturbances (e.g., clumsy behavior, reversals) in the classroom. In contrast, teachers reported label attributions less and home attributions more for students demonstrating immature or unmanageable behaviors.

Combinations of Attributions

The numbers and percentages of students for whom single or multiple causes were ascribed for their difficulties appears in Table 4. Teachers indicated a single cause for the majority of students, regardless of the type of student behavior. Students usually had only

two causes listed; only two students (one immature, one perceptual) had three causes indicated. The three causes were student/home/teacher. Student/home and student/label were the most frequently occurring combination of two causes. Other combinations included home/school, home/label, student/teacher, and student/school system.

Insert Table 4 about here

Descriptions of Attributions

The purpose of this section is to provide examples of the types of comments teachers made after responding to the item on the cause of the students' difficulties. In addition, teachers' beliefs about the students' needs are included. These comments were given to an item asking for additional recommendations and comments, as well as to the item asking "What do you think is causing his difficulties?" Only comments reflective of a teacher's attribution or perceived need for the student were analyzed.

While most of the total teacher sample (91%) indicated a belief about the cause of the student's difficulties, it is important to note that the statements included in this section may have occurred infrequently due to the variability of teachers' responses that were classifiable within any of the five causes. An attempt was made to select teacher comments that occurred several times. It is also important to note that the teacher comments regarding causes and student needs were generally similar for students described as having

immature, unmanageable, or perceptually-delayed behaviors. The comments are presented in terms of child, home, and educational characteristics.

Child characteristics. Many comments referred to a specific label such as:

"this child has a learning disability"

"could be dyslexic"

"in later years, it could even be muscular dystrophy"

"not having specific test scores I would assume he has some type of learning disability"

Many comments referred to characteristics of the child that are not directly observable. These comments require inference on the part of the observer and are dependent on the individual observer's perception:

"something in his physical make-up which makes it difficult (to impossible) for him to control his body"

"problem stems from within David - maybe he has a chemical imbalance"

"extremely low self-concept"

"lacks confidence"

"I'm positive he has a learning problem"

"severe case of a late bloomer"

"developmental lag or brain damage"

"typical behavior of boys this age"

"serious psychological problems....A problem so long that he's learned to react and thrive on negative attention received - it is a way of life for him"

Many of the comments suggested a medical basis:

"metabolic disorder"

"neurological impairment"

"allergy"

"hearing and visual problems"

"some kind of medical problem (allergic - tension fatigue syndrome)"

"needs medication to control behavior"

Many comments referred to IQ as the cause. The comments were at either extreme:

"His IQ is very high"

"The comments indicate a low IQ"

"mental age has not matured with his chronological age"

"Although native intelligence may be average, the declining ability to perform is causing failure...."

Home characteristics. Several types of comments related to home characteristics were found. Some of the comments referred to diet:

"might be highly susceptible to artificial flavorings"

"diet is the cause of his hyperactivity"

"something to do with diet either before or after birth"

Many of the comments referred to parental discipline:

"children need and want discipline and his parents haven't given him a set of behavioral rules"

"not enough structure in the home"

"parents not consistent in what is expected of him"

"lack of strict discipline"

Many comments referred to relationships within the home:

"sibling put-downs"

"left out of older child-parent relationship"

"first born, second born-sibling rivalry"

"'oldest' child symdrome"

"suffering from emotional problems at home"

Many comments referred to stimulation or expectations within the home environment:

"needs exhaustive physical exercise"

"should develop an outside interest-hobby"

"more child parent involvement"

"give him responsibilities in the home"

"provide him with out of school activities"

"lack of parental demand for high academic achievement"

Educational characteristics. Several comments reflected the need for home-school coordination in efforts to assist David:

"working together (parents, principal, teacher) should work to the benefit of the student"

"coordinate home and school responsibilities"

"PRAISE from teacher, parents, and friends"

"involve parents in a reward system"

"parental cooperation with school and teacher"

Several comments referred to the role of the teacher:

"increase interest in instructional assignments"

"speak with classmates about ways to support David"

"need to wean David from dependence upon teacher"

"love him and work the best I could on a one-to-one basis"

"I think David is different - he doesn't fit the pattern.... We need to accept him.... get off his back"

Many comments referred to teachers' beliefs about serving David within the regular education curriculum:

"by retaining David he would be placed with children he feels more comfortable with - he will learn and participate more"

"third grade is too late for retaining David"

"retaining David in third grade may not help his self-concept, but it may improve his social acceptance and emotional security"

"I strongly feel that passing him on to the 4th grade would be a grave injustice to him"

"I would place him with children of his developmental age"

"I think he is in a class that requires work beyond his abilities. Perhaps repeating a year would help...."

Many comments referred to teachers' beliefs about providing David special education services:

"David definitely should not be placed in an all day special education class"

"May be emotionally immaturity which will get worse if he is not placed at least for half of the day in a learning disability class"

"I feel he hasn't received enough special services, above and beyond both the teacher's classroom efforts; time....needs one-to-one intensive instruction that is impossible in a regular classroom"

"In the lower grades it is very hard to separate 'immaturity' and possible learning disability. However, by the end of the second (third grade, if improvement is not shown), I feel a child should be tested for a possible learning disability before labeling the child as 'immature' and passing him along from grade to grade."

"Special education classes are dumping grounds and have developed more problems than they have solved. The children have become misfits."

"A long term commitment by regular and special ed. is needed."

Inter-relationship of causes. The majority of teacher beliefs identified a single cause, such as "David's behavior is causing his learning problem," or "lack of motivation," etc. When several factors were described, the factors most often were all student causes, such as "a combination of factors including learning disabilities and lack of needed social skills." In two cases, multiple causes directed at home, student, and teacher were present. In one case, the student's needs were described by considering the importance of both home and school factors in contributing to and modifying the student

characteristics. One teacher wrote, "Frustration (and lack of achievement) comes from the lack of a 'plan' for action. Working together (principal, student, parents and teachers) should work to the benefit of the student."

Discussion

Classroom teachers in this national sample believe students' difficulties, which were characterized as three different kinds of behavior, are due primarily to student characteristics, and second to home and parental influences. Thus, the teachers' attributions for students' behaviors were "other-directed"; educational factors were mentioned infrequently. The majority of teachers indicated one cause for the students' behavior; only 9% did not indicate a cause or indicated the cause was unknown. In those cases where multiple causes were present, the causes were most often two student attributions or a student/label attribution combination. Thus, the teachers appear to believe a cause can be identified and the problem resides within the individual student.

At this point, a precautionary note is warranted. The data in this investigation were collected through case studies. While the case studies described three different types of student behavior, the information presented fell within a "normal" range of functioning. Since the teachers indicated an attribution for the students' difficulties, it appears that the teachers in this study perceived the students' behavior as a problem. Either the artificiality of the case studies, the content of the case studies, or the teachers' lack of understanding for the "wide range" of behaviors that reflect normal

functioning contributed to the teachers' perception. The mere fact that an attribution question was asked may have influenced the teachers' need to indicate a cause. It remains to be seen whether teachers would ascribe similar attributions for actual students with whom they observed, taught, and interacted. However, given that the primary causes were "other-directed," a finding consistent with previous research (Beckman, 1976; Christenson et al., 1983; Guttmann, 1982) one can only surmise that the pattern would not change.

The increasing evidence that teachers' attributions are primarily other-directed is disturbing. If student and home causes are ascribed, it may absolve teachers from the responsibility, willingness, or belief that they can be effective with students who exhibit different behaviors in their classrooms. One teacher wrote "It seems the family is not the main cause of David's problem. The problem stems from within David. Maybe he has a chemical imbalance." Yet, another teacher indicated "David's behavior problem stems from the home environment. Lack of strict discipline and lack of parental demand for high academic achievement. Interest in academic achievement is instilled at home and without this, there is little a teacher can do to remedy the situation." While the second teacher reflects more "teaching helplessness" in her comment, both comments suggest that the teacher may be at a loss because of factors operating outside of the classroom.

There is research to suggest that the teachers' belief system is an important factor in teaching effectiveness. In an investigation of the components of exemplary reading programs, Samuels (1981) found

that the teachers in successful programs believed student success or failure depended upon what happened in the classroom. These teachers also believed that student failure was not acceptable. Similarly, Brophy and Good (1974) found that the teacher's belief about his/her ability to be effective with a student was related to student achievement. Thus, it appears that greater student gains occur when teachers believe "they can make a difference." Students' attributions (Dweck, 1975) have been found to relate to student achievement. It may be that teachers' attributions impact the effectiveness of teaching interventions for students who are not handicapped, but who display various types of behavior within the classroom. Research needs to address this possibility.

The higher proportion of single causes suggests that the teachers in this sample used linear rather than systemic thinking in answering the attribution question. If in real-life interactions, teachers ascribe one "other-directed" cause, this may reinforce a teacher's belief that she/he can be only "minimally" effective because of the constraints of the student. Systemic thinking, which would look at the inter-relationship of three key instructional variables (teacher, student, and intervention or task) may yield greater academic gains for students. Research in this area is needed.

Finally, the teachers' attributional comments indicate variability among teachers. In some cases, the teachers' beliefs were polar opposites. The role of the teacher's beliefs or attitudes should not be minimized either in research or assessment and intervention planning for students.

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Table 1

Summary of Demographic Data Collected from Subjects

Information Collected	Summary Statistics	Information Collected	Summary Statistics
Teacher Sex		Grade Level Taught	
Male	14%	First	17%
Female	86%	Second	16%
Teacher Age		Third	19%
		Fourth	13%
Under 26	3%	Fifth	11%
26-34	33%	Sixth	8%
35-44	32%	Seventh	16%
45-54	20%		
55-64	11%	School Location	
Over 64	1%	Urban	32%
Teacher Experience		Suburban	36%
		Rural	32%
Less than 1 year	2%		
1 - 2 years	2%	School Type	
3 - 5 years	10%	Public	92%
6 - 9 years	20%	Private	8%
10 - 15 years	32%	School System Population	
Over 16 years	34%		
		Below 3000	37%
Teacher Degree		3000 - 6999	20%
BS	49%	7000 - 9999	8%
MS	19%	10000 - 14999	6%
MS+	32%	15000 - 24999	6%
		25000 - 49999	8%
		50000 - 74999	6%
		Over 75000	9%

Table 2

Teachers' Attributions for Students Exhibiting Different Characteristics

	Case Summary[a]					
	Immature		Unmanageable		Perceptual	
Attribution	n	%	n	%	n	%
Student	75	.71	61	.68	54	.61
Label	7	.07	6	.07	24	.27
Home	14	.13	13	.15	4	.04
Teacher	2	.02	1	.01	2	.02
School System	3	.03	2	.02	0	--
None/Unknown	4	.04	6	.07	5	.06
	105	100.0	89	100.0	89	100.0

[a]Multiple causes were possible for each case summary.

Table 3

Percentage of Students for Whom Various Attributions Were Ascribed[a]

	Case Summary							
	Immature		Unmanageable		Perceptual		Total	
Attribution	n	%	n	%	n	%	n	%
Student	45	.79	45	.76	33	.57	123	.71
Label	7	.12	6	.10	24	.41	37	.21
Home	13	.23	12	.20	4	.07	29	.17
Teacher	2	.04	1	.02	2	.03	5	.03
School System	3	.05	2	.03	0	--	5	.03
None/Unknown	4	.07	6	.10	5	.09	15	.09

[a]Percentages would not total 100.0 because multiple responses occurred. There were 57 immature, 59 unmanageable, and 58 perceptual case summaries.

Table 4

Combinations of Attributions for Students

Exhibiting Different Behavior

	Case Summary							
	Immature		Unmanageable		Perceptual		Total	
	n	%	n	%	n	%	n	%
Single	46	.81	52	.88	53	.91	151	.87
Multiple	11	.19	7	.12	5	.09	23	.13
	57		59		58		174	

APPENDIX A

Actions To Be Taken Survey

A-1

ACTIONS TO BE TAKEN

I. Circle the number which answers:	Very Unlikely				Very Likely
1. To what extent do you think David has a behavior problem?	1	2	3	4	5
2. To what extent do you think David has a learning problem?	1	2	3	4	5
3. To what extent do you think David is eligible for Special Education services?	1	2	3	4	5

II. List the three actions you would take for David.

1.

2.

3.

III. Please circle the appropriate number to indicate the degree to which you agree/disagree with the following statements. Remember to select <u>one and only one</u> number for each statement.

	strongly disagree				strongly agree
1. I would want David seen by a medical doctor.	1	2	3	4	5
2. I would want to know David's performance on an individual IQ test.	1	2	3	4	5
3. I would want David to be in an adaptive physical education class.	1	2	3	4	5
4. I would want to modify current instructional materials for David.	1	2	3	4	5
5. I would want to consult with the principal.	1	2	3	4	5
6. I would want David to have individual or small group counseling.	1	2	3	4	5
7. I would want to refer David to Special Education.	1	2	3	4	5
8. I would want to know David's individual achievement test scores.	1	2	3	4	5
9. I would want to select special instructional materials for David.	1	2	3	4	5
10. I would want to know David's specific modality strength (i.e., visual or auditory).	1	2	3	4	5
11. I would want to plan a contingency management program designed to alter David's behavior.	1	2	3	4	5
12. I would want David seen by a psychiatrist.	1	2	3	4	5
13. I would want to place David in another classroom.	1	2	3	4	5
14. I would want social skills training provided for David.	1	2	3	4	5
15. I would want to provide David with individual, systematic feedback regarding classroom expectations.	1	2	3	4	5
16. I would want David involved in Occupational Therapy.	1	2	3	4	5
17. I would want to assign a teacher aide to assist David.	1	2	3	4	5
18. I would want to have speech/language test results on David.	1	2	3	4	5
19. I would want to modify my teaching style for David.	1	2	3	4	5
20. I would want David's family to be involved in family therapy.	1	2	3	4	5

OVER

		strongly disagree				strongly agree
21.	I would want David to be retained for the next school year.	1	2	3	4	5
22.	I would want to meet with specialists for ideas on how to better teach David.	1	2	3	4	5
23.	I would want to break David's assignments into component parts and systematically teach the components (i.e., task analysis).	1	2	3	4	5
24.	I would want David to have speech/language therapy.	1	2	3	4	5
25.	I would want David to have a peer tutor.	1	2	3	4	5
26.	I would want a specialist to pinpoint the source of David's problem.	1	2	3	4	5
27.	I would want to meet with David's parents to design an instructional program to be implemented at home.	1	2	3	4	5
28.	I would want David seen by a school psychologist.	1	2	3	4	5
29.	I would want a social worker to make a home visit.	1	2	3	4	5
30.	I would want David involved in private tutoring after school.	1	2	3	4	5
31.	I would want David to have perceptual training.	1	2	3	4	5
32.	I would want to move David at the same rate of progress as his peers.	1	2	3	4	5
33.	I would want part time placement in a resource room for David.	1	2	3	4	5
34.	I would want David's parents to spend more time with him.	1	2	3	4	5
35.	I would want drug medication prescribed to control David's behavior.	1	2	3	4	5
36.	I would want special education, self-contained placement for David.	1	2	3	4	5
37.	I would want to hold classroom discussions on understanding individual differences so that others would treat David more appropriately.	1	2	3	4	5
38.	I would want to read educational textbooks and research articles about how to teach students like David.	1	2	3	4	5
39.	I would want David's results on personality tests.	1	2	3	4	5
40.	I would want to regularly measure David's progress on short term objectives to plan interventions (i.e., data-based program modification).	1	2	3	4	5

IV. From the items in Section III, select the <u>three</u> actions you feel are <u>most</u> needed for David. Insert the numbers of the items: _____ _____ _____.

V. From the items in Section III, select the <u>three</u> actions you feel are <u>least</u> needed for David. Insert the numbers of the items: _____ _____ _____.

VI. Briefly describe or diagram the sequence of actions you would take for David by completing the following:

My first action for David is_____.

Depending on the results of this action, I would want to _____

_____ and then _____.

Anything else?

VII. Circle the number that best describes your predictions for David's school performance in each of the following areas at the end of the current year.

	deficient (poor)				superior (excellent)
1. Academic achievement	1	2	3	4	5
2. Visual and/or auditory perception	1	2	3	4	5
3. Memory skills	1	2	3	4	5
4. Fine and/or gross motor performance	1	2	3	4	5
5. Attending behaviors (attention span)	1	2	3	4	5
6. Completion of assignments	1	2	3	4	5
7. Social acceptance	1	2	3	4	5
8. Ability to follow directions	1	2	3	4	5
9. Acceptance of responsibility	1	2	3	4	5
10. Self-concept	1	2	3	4	5

	bother me a lot		not sure		bother me very little
11. David's classroom behaviors would:	1	2	3	4	5

	almost none	some	not sure	average	excellent
12. How much progress might you expect David to make during the year?	1	2	3	4	5

VIII. At the end of the school year which placement would you anticipate for David? Select only one.

____full time special education placement

____half time regular education; half time special education

____1 hour per day resource room help

____regular class placement with ancillary service, e.g., family therapy

____regular class placement; no special help

IX. What do you think is causing his difficulties?

X. Additional recommendations or comments:

APPENDIX B

Student Summaries

Perceptual Difficulties
(B-1 to B-3)

Immature
(B-4 to B-6)

Unmanageable
(B-7 to B-9)

B-1

Name: David
Age: 8-6
Grade: 3rd

Student Summary

David is a student in your third grade class. Since he has been in your class, you have observed him closely and gathered the following information.

Medical:

David's birth was full term and uncomplicated. Both his physical appearance and behavior at birth were normal. His adjustment to an eating and sleeping routine was relatively smooth. A complete physical exam, including vision, hearing, and a neurological exam in late second grade was normal. With the exception of the usual childhood diseases, David has had no major illnesses. He has not taken any medication regularly. There are no medical problems.

Developmental:

David's parents indicated that although David walked and talked at the same rate as his same-aged peers, his motor skills were awkward and clumsy. He was able to button shirts and tie shoelaces by age five; however, they were completed sloppily. His interest in age-related toys, such as bike riding was similar to his same-aged peers; however, his skill was delayed. In fact, due to balance difficulties, he still does not ride a bike without training wheels.

David's weight and height are in the top quartile for boys his age according to pediatric records. The pediatrician felt his physical size was larger than the average but of no concern for normal development. General health has been good.

Family:

David is the oldest child in an intact, middle class, suburban family with two children. The parents report no major financial difficulties. David's home is very organized, reflecting a balance of work and recreational activities. The parents enjoy physical activities and have noted David's clumsiness in physical activities. When involved in motor activities, David is described as "having two left feet."

David consistently requests help from his parents on any fine motor tasks, such as simple model building, opening bike locks, and building with his tool set. On Saturday afternoons, David manages to create a mess in his room or the yard. His approach to play and assigned tasks in the home is very disorganized. He seems to have trouble understanding how to assemble the various parts. His parents are concerned about his difficulty coordinating visual movements with body movements. Whereas his sister is able to clean up her room or set the table in an organized way, David creates a bigger mess. Discipline within the home is handled through reasoning and consistency as much as possible. David's parents have described his usual behavior within the home as sloppy, clumsy, disorganized, but cheerful and cooperative. They reflect a positive attitude toward David.

David's parents have observed his lack of participation in group physical activities such as soccer, floor hockey, or t-ball. His parents indicated he is comfortable with children and adults when gross-motor activities are not involved.

School History:

Nursery school. David's first experience with a structured school environment was at nursery school when he was four years old. As described by his teacher, David's usual behavior was less coordinated than the majority of the other four-year olds.

Within the language area, David appeared to have an adequate vocabulary. His verbal participation far excelled his performance on eye-hand coordination tasks, either on a gross or fine-motor level. David became confused on games involving directionality and changing roles such as "duck, duck, grey duck," and "hide and seek." David's pictures involving simple cutting, coloring, and pasting were unintelligible, although he described them in detail as trains, moon martians, or animals. He usually had more paint on his shirt than on the paper.

His overall social-emotional development was described as average. He was polite and cooperative, adapted to new situations adequately; however, he was very disorganized in his work. He participated in all activities but was very clumsy, often falling or bumping into other students or desks. Although peers like him, he was occasionally teased about his clumsy behavior. He was often hurt in normal physical play with peers.

Kindergarten. David's eye-hand coordination difficulties were more apparent during the middle of kindergarten with the introduction of phonics and more written seat work. His teacher indicated that he was not able to stay within the lines on coloring sheets, had trouble tracing objects, and made peculiar drawings. The formation and spacing of his letters were very irregular. In dot-to-dot letter exercises, he extended the line beyond the dots so far that they were unintelligible. At the end of the year he was able to print his name; however, the letters did not rest on the line. David's difficulties were evident on the gross motor level also.

First and second grade. During these years, he continued to have difficulty with paper-pencil tasks. He had an awkward pencil grip and unusually poor printing. He confused left and right, made constant copying errors, had trouble discriminating two similar letters like "m" and "n"; and confused reading of similar words (e.g., hen-her, went-want). He always completed assignments; however, visual discrimination errors were numerous; and his writing was difficult to read. He was disorganized in his work; inexact and careless. His perceptual difficulties and weak memory for sound-symbol relationships resulted in poorly developed word attack skills. He was in the low reading and math groups. Interest in schoolroom activities was average and he displayed an adequate acceptance of responsibility for his age. Finally, his social interactions were described as declining with peers. His difficulty understanding gestures and facial expressions paired with his uncoordinated motor development and directionality problems excluded him from group games, especially during recess. David's behavior stymied his teachers because although they all felt he had average ability, he made constant perceptual errors and was uncoordinated. David increasingly displayed less interest in gym and written work.

Test Information:

Group test information was available. On a group intelligence test, David's functioning was average. On the group achievement tests from second grade David scored in the average range: 48th percentile for reading, 49th percentile for language, and 46th percentile for math.

Third Grade Observations:

You became concerned about David after two weeks into the school year. You have observed specific behaviors and their frequency over the past two weeks.

During the two week period, 95% of the time he made visual processing errors including written reversals, confusion of math signs, and substitution of incorrect words or sounds in his workbooks. He completed all assignments 20-30 minutes after his classmates due to his increased time in studying visual information. He became more confused

on crowded workbook pages, not recognizing the important information from a distracting background. David is in the lowest reading and math groups. In reading David has 30 minutes of independent work. His assignments included exercises on phonics and a factual recall page. David consistently made perceptual errors ("chop" and "chap"), confused the order of printing blends (fl as lf), and forgot answers to questions involving who, when, and where. In math he was confused as to which column to begin adding in two digit addition; made errors due to directionality in subtraction (33-27=14); and forgot his addition and subtraction facts.

Interest in school activities seems to be very low. When given a choice of assignments, David avoids written work; however, he never complains about tasks or questions his ability to answer questions. His printing is illegible, primarily due to crowding and overlapping of letters. In 95% of the assignments he wrote down answers, requesting little help from you. You have observed that he does not notice his errors until they are explained verbally. He never self-corrects. His artwork is equally disorganized and messy.

David's peers seldom involve him in physical activities and you have heard his peers refer to his as a "klutz." He is never picked for teams because of his inability to catch a ball and slow, clumsy running. David avoids his peers during physical activities.

Private conversation with David regarding his schoolwork yields little direction. David's general attitude toward school is apathetic. He appears to be unaware of his visual mistakes; however, he is bothered by his poor motor skills and teasing from peers. You are concerned since your observations about David's academic underachievement cannot be explained by sensory, intellectual, or health problems.

During the first school conference, your observations were summarized on a checklist for David's parents. The areas checked indicate areas of concern.

- ✓ poor visual discrimination
- ✓ confusion with directionality; excessive reversals
- ____ rude and defiant
- ____ limited expressive ability; very shy
- ____ too dependent on teacher assistance
- ✓ clumsy, uncoordinated motor skills
- ____ distractible; impulsive
- ✓ disorganized, sloppy school work
- ____ lacks motivation
- ____ delayed age-appropriate social skills
- ____ in constant motion; hyperactive
- ____ insecure; needs reassurance

GIVEN THE INFORMATION PROVIDED IN THIS STUDENT SUMMARY, PLEASE RESPOND TO THE FORM, ACTIONS TO BE TAKEN.

Name: David
Age: 8-6
Grade: 3rd

Student Summary

David is a student in your third grade class. Since he has been in your class, you have observed him closely and gathered the following information.

Medical:

David's birth was full term and uncomplicated. Both his physical appearance and behavior at birth were normal. His adjustment to an eating and sleeping routine was relatively smooth. A complete physical exam, including vision, hearing and a neurological exam in late second grade was normal. With the exception of the usual childhood diseases, David has had no major illnesses. He has not taken any medication regularly. There are no medical problems.

Developmental:

David's parents indicated that he walked and talked slower than his same-aged peers. Buttoning and tying shoelaces were still difficult for him at age five. His interest and ability in age-related toys, such as bike riding, was slower than his same-aged peers.

David's weight and height are in the bottom quartile for boys his age according to pediatric records. The pediatrician felt his physical size was slightly smaller than the average but of no concern for normal development. General health has been good.

Family:

David is the younger child in an intact, middle class, suburban family with two children. The parents report no major financial difficulties. David's home is very organized, reflecting a balance of work and recreational activities. The parents enjoy physical activities and have noted David's reticence in new physical activities. When initially attempting an activity, David is described as "overly cautious."

David lacks initiative in amusing himself in the home. On Saturday afternoons, David always asks, "What is there to do?" When suggestions are made, he lacks perseverance and often fails to finish a project. He seems to become easily bored. His parents are concerned about David's "helpless" pattern of behavior. Whereas his sister assumes some responsibility in the home, David avoids it by waiting for his parents to help him. Discipline within the home is handled through reasoning and consistency as much as possible. David's parents have described his usual behavior within the home as passive, dependent, quiet, but cooperative. They reflect a positive attitude toward David.

David's parents have observed his lack of participation in large social gatherings. His parents indicated he is most comfortable with younger children or familiar, soft-spoken adults, but seldom peers.

School History:

Nursery school. David's first experience with a structured school environment was at a nursery school when he was four years old. As described by his teacher, David's usual behavior was slower than the majority of the other four-year olds. Within the language area, David appeared to have a smaller vocabulary than others of his age, often did not pronounce words clearly, and had difficulty talking in a group. He was never observed initiating conversation in the small group discussions. On a one-to-one basis and on a familiar topic, his expression improved.

His overall social-emotional development was described as immature and dependent; he seldom initiated any task without teacher assistance. David did not know the class routine after five months of school, was always the last one in line, and needed to be reminded of the next task. Although the teacher needed to coax him into small group participation, he was occasionally observed initiating social interaction with the three-year old class. With his peers, he was very quiet and shy.

Kindergarten. David rarely initiated contact with groups of students, preferring to be by himself, near the aquarium, or with one quiet boy who liked to hear about David's pets. Eye contact was minimal in any social interaction. David expressed some anxiety regarding school attendance during the middle of kindergarten with the introduction of phonics and more written seat work. His teacher indicated that he was immature, never initiating work on the routine phonic coloring sheets until the teacher reviewed each sound and letter name with him.

First and second grade. During these years, he usually followed simple instructions but consistently required individual help to finish tasks. He retained simple ideas and procedures if repeated. He had a limited vocabulary which resulted in his groping for words to express himself. Although he had a fair concept of time, he tended to dawdle and was often late. His placement was in the low reading and math groups. When given individual attention and frequent reminders to stay on task, he was able to complete the assignments; however, he was described as disorganized and immature in his work habits. Without guidance he seldom completed assignments. Interest in schoolroom activities was minimal. His social interactions were minimal with his classmates; however, there were signs of good social acceptance with students in one or two grades lower than his where interests were similar. David's behavior stymied his teachers because although they all felt he had average ability, his behavior was inadequate and immature. David increasingly displayed lack of interest or any enthusiasm for school at home.

Test Information:

Group test information was available. On a group intelligence test, David's functioning was average. On the group achievement tests from second grade David scored in the average range: 48th percentile for reading, 49th percentile for language, and 46th percentile for math.

Third Grade Observations

You became concerned about David after two weeks into the school year. You have observed specific behaviors and their frequency over the past two weeks.

During the two week period, 95% of the time he did not initiate the task until given individual help and review. After review, constant reminders and encouragement to help keep David "on task" enabled him to totally complete assignments 90% of the time. During this period, David completed assignments 15 minutes (on the average) after the other students. He demonstrated lack of concentration by increased looking around the room, fidgeting with the pencil or his shoelaces, or looking in his desk. He appeared initially confused by academic assignments; however, after review and frequent reinforcement by the teacher he was able to complete the worksheet with 80% accuracy.

David is in the lowest reading and math groups. In reading David has 30 minutes of independent work. His assignments included exercises on phonics and a factual recall page. At the beginning of each page several examples were discussed with the teacher before David attempted any questions. In math, he also required review before attempting familiar problems.

Interest in school activities seems to be very low. When given a choice of assignments, David's completion of tasks does not improve. David generally engages in

academic assignments with an apathetic attitude. His need to have approval of tasks attempted or completed also is true for the areas of art, social studies, and science. Examples of questions recorded during observation included: "Would this be right if I draw here?"; "Do you think I draw very good?"; or "How do you do this?"

David's peers seldom play with him and you have heard his peers refer to him as a "baby." David handles his classmates by avoiding them.

Private conversation with David regarding his schoolwork yields little direction. David's general attitude toward school is apathetic. He appears to be "in a world of his own" during much of the school day. You are concerned since your observations about David's academic underachievement cannot be explained by sensory, intellectual, or health problems.

During the first school conference, your observations were summarized on a checklist for David's parents. The areas checked indicate areas of concern.

____poor visual discrimination
____confusion with directionality; excessive reversals
____rude and defiant
__✓__limited expressive ability; very shy
__✓__too dependent on teacher assistance
____clumsy, uncoordinated motor skills
____distractible; impulsive
____disorganized, sloppy school work
____lacks motivation
__✓__delayed age-appropriate social skills
____in constant motion; hyperactive
__✓__insecure; needs reassurance

GIVEN THE INFORMATION PROVIDED IN THIS STUDENT SUMMARY, PLEASE RESPOND TO THE FORM, ACTIONS TO BE TAKEN.

Name: David
Age: 8-6
Grade: 3rd

Student Summary

David is a student in your third grade class. Since he has been in your class, you have observed him closely and gathered the following information.

Medical:

David's birth was full term and uncomplicated. Both his physical appearance and behavior at birth were normal. His adjustment to an eating and sleeping routine was erratic. At age three he was still waking during the night, ready to play. His mother indicated that he "fought" sleep. A complete physical exam, including vision, hearing, and a neurological exam in late second grade was normal. With the exception of the usual childhood diseases, David has had no major illnesses. He has not taken any medication regularly. There are no medical problems.

Developmental:

David's parents indicated that his talking, walking, and ability to button shirts and tie shoelaces appeared at an average age. His interest and ability in age-related toys, such as bike riding, was similar to his same-aged peers.

David's weight and height are at the mean for boys his age according to pediatric records. The pediatrician felt his physical size was reflecting normal development. General health has been good.

Family:

David is the oldest child in an intact, middle class, suburban family with two children. The parents report no major financial difficulties. David's home is very organized, reflecting a balance of work and recreational activities. The parents enjoy physical activities and have noted David's distractibility, constant motion, and low frustration tolerance in new physical activities. When initially attempting an activity, David is described as "impulsive"; when he encounters difficulty, he is described as "explosive."

David is in perpetual motion, playing with all his toys at once. On Saturday afternoons, David hauls out his train equipment, switches to fort building, and soon has his dad's tools out. Similarly, he goes from friend to friend, usually resulting in hurt feelings. His parents are concerned about David's "hyperactive" pattern of behavior. Whereas his sister assumes some responsibility in the home, David seems unable to follow directions and follow through. Discipline within the home is handled through reasoning and consistency as much as possible. However, his impulsive nature creates a constant need for discipline. David's parents have described his usual behavior within the home as impulsive, hyperactive, unmotivated, irritable, but inquisitive. Although they describe him as a difficult child to handle because of his endless disrupting activity, they reflect a positive attitude toward him.

David's parents have observed increased hyperactivity and rudeness in large social gatherings. According to his parents, he has a propensity for turning a quiet time into chaos. His parents indicated he is most comfortable in structured activities with one familiar friend or adults.

School History:

Nursery school. David's first experience with a structured school environment was at a nursery school when he was four years old. As described by his teacher,

David's usual behavior was more active and less attentive than the majority of the other four-year-olds. Within the language area, David appeared to have an adequate vocabulary; however, he often did not pronounce words clearly because of his rapid speech. He consistently interrupted conversations in the small group discussions. David engaged in each activity with great vigor; however, only for a minute or two. If forced to sit and attend to a task, he constantly wiggled in his seat. His teacher described David as "constant, frenetic motion."

His overall social-emotional development was described as lacking in self-control for his age; he usually disregarded the feelings of others. With his peers he was apt to collide with others, interfere unintentionally with activities and comfort of others, and present constant problems of restlessness. The teachers felt David was not a mean child, but "very impulsive." His endless activity was frequently annoying and irritating. Peers often avoided him, unless the teacher was present.

Kindergarten. David's distractibility and inattentiveness increased during the middle of kindergarten with the introduction of phonics and more written seat work. He constantly interrupted other students' work by talking, pulling at their colors or papers, or throwing rubber bands. His teacher indicated that he was like a "top," becoming very wound up and distracted by all classroom activities.

First and second grade. During these years, he failed to follow task directions and always appeared inattentive. Although his vocabulary was adequate, he often was unable to answer questions because he had not attended to the question. His attention and energy were most often directed to an inappropriate task. His behavior was described as "99% off task." His extremely short attention span and restlessness resulted in poor skill acquisition and placement in the low reading and math groups. By the end of second grade, his teachers described him as irritable, distractible, and unmotivated. His social interactions were weak, perhaps due to his complete lack of concern for classmates' feelings. He would trip and shove other students, take their pencils, hide their gym shoes, and ridicule them. His teacher felt he was so hyperactive and restless that he was often unaware of his behavior. David's behavior stymied his teachers because although they all felt he had average ability, his behavior required constant teacher attention and was often unmanageable. David increasingly displayed lack of interest or any enthusiasm for school at home.

Test Information:

Group test information was available. On a group intelligence test, David's functioning was average. On the group achievement tests from second grade David scored in the average range: 48th percentile for reading, 49th percentile for language, and 46th percentile for math.

Third Grade Observations:

You became concerned about David after two weeks into the school year. You have observed specific behaviors and their frequency over the past two weeks.

During the two week period, 95% of the time he did not persist on academic assignments without interruption. In teacher absence he engaged in excessive looking around, silly attention-getting behavior (e.g., makes unusual noises/gestures), verbal and physical aggression with students (e.g., taunts, teases, hits), and asking of irrelevant questions. Timing of David's attention span indicated a length of two or three minutes prior to disruptive, restless behavior. David finds it difficult to return to an activity once it has been interrupted. In addition, David usually began an assignment or project before he had obtained directions and appropriate materials. His impulsivity resulted in a 60% error rate in completion. When asked to correct

his errors, he whined and fussed about not being permitted to do the task his own way. His disregard for teacher instructions, nonconformity with classroom activities, and frequent movement around the classroom are especially disrupting. He obeys best when threatened with punishment.

David is in the lowest reading and math groups. In reading he has 30 minutes of independent work. His assignments included exercises on phonics and a factual recall page. David began the phonics worksheets, switched to the comprehension page, and ended up copying answers from a peer. David rarely completes assignments; in each observation he was distracted to a new interest before he completed his original activity. David was able to complete the math problems after he was removed to a carrel.

Interest in school activities seems to be very low. When given a choice of assignments, David's completion of tasks did not improve. His distractibility and difficulty in returning to an assignment once interrupted interferes with task completion. You rate him as the only student in the last three years of teaching who lacked motivation in the classroom on every task.

David's peers seldom play with him and you have heard his peers refer to him as a "motor." David handles his peers by picking on them. David creates a disturbance during class and recess activities (e.g., excessively noisy, bothers other students, is out of seat).

Private conversation with David regarding his schoolwork and behavior yields little direction. David's general attitude toward school is apathetic. He appears to be wilfully disobedient and inattentive much of the school day. You are concerned since your observations about David's academic underachievement cannot be explained by sensory, intellectual, or health problems.

During the first school conference, your observations were summarized on a checklist for David's parents. The areas checked indicate areas of concern.

____poor visual discrimination
____confusion with directionality; excessive reversals
_✓_rude and defiant
____limited expressive ability; very shy
____too dependent on teacher assistance
____clumsy, uncoordinated motor skills
_✓_distractible ; impulsive
____disorganized; sloppy school work
_✓_lacks motivation
____delayed age-appropriate social skills
_✓_in constant motion; hyperactive
____insecure; needs reassurance

GIVEN THE INFORMATION PROVIDED IN THIS STUDENT SUMMARY, PLEASE RESPOND TO THE FORM, ACTIONS TO BE TAKEN.

PUBLICATIONS

Institute for Research on Learning Disabilities
University of Minnesota

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The publications listed here are only those that have been prepared since 1982. For a complete, annotated list of all IRLD publications, write to the Editor.

Wesson, C., Mirkin, P., & Deno, S. Teachers' use of self instructional materials for learning procedures for developing and monitoring progress on IEP goals (Research Report No. 63). January, 1982.

Fuchs, L., Wesson, C., Tindal, G., Mirkin, P., & Deno, S. Instructional changes, student performance, and teacher preferences: The effects of specific measurement and evaluation procedures (Research Report No. 64). January, 1982.

Potter, M., & Mirkin, P. Instructional planning and implementation practices of elementary and secondary resource room teachers: Is there a difference? (Research Report No. 65). January, 1982.

Thurlow, M. L., & Ysseldyke, J. E. Teachers' beliefs about LD students (Research Report No. 66). January, 1982.

Graden, J., Thurlow, M. L., & Ysseldyke, J. E. Academic engaged time and its relationship to learning: A review of the literature (Monograph No. 17). January, 1982.

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Graden, J. L., Thurlow, M. L., Ysseldyke, J. E., & Algozzine, B. Instructional ecology and academic responding time for students in different reading groups (Research Report No. 79). July, 1982.

Mirkin, P. K., & Potter, M. L. A survey of program planning and implementation practices of LD teachers (Research Report No. 80). July, 1982.

Fuchs, L. S., Fuchs, D., & Warren, L. M. Special education practice in evaluating student progress toward goals (Research Report No. 81). July, 1982.

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